

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE – LEAD-BASED PAINT PROGRAM**

**LEAD-BASED PAINT OCCUPATION
MEDICAL EXAMINATION**

Information to Examining Physician: Please complete this form in order to comply with Neb. Rev. Stat. Section 73-6326 pertaining to the State certification of an individual for the classes of worker and supervisor performing duties in a lead-based paint occupation. The statute provides lead-based paint workers and supervisors may not be certified unless they have "been examined by a physician within the preceding year and declared by the physician to be physically capable of working while wearing a respirator."

-- PHYSICIAN'S CERTIFICATION

Name of Individual Examined: _____

Social Security Number: _____

Home address of Individual: _____

Date of Examination: _____

Based upon the results of my examination of the above named individual, I hereby declare that he or she (check and complete as necessary):

_____ is physically capable of working while wearing a respirator

_____ is not physically capable of working while wearing a respirator

Name of Examining Physician: _____

Physician's License Number: _____

Jurisdiction Issuing License: _____

Signature of Examining Physician _____

(Must be an original signature no copies will be accepted)

Business Address: _____

Business Phone: _____